

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
96 County St. Louis Registration District No. 1123 File No. 34409
Township Marion Primary Registration District No. 6248 F Registered No. 34409
City South St. Louis (No. Route 8, Sesson Rd) St. South St. Louis Ward South St. Louis

2. FULL NAME Elizabeth Stuenkel
(a) Residence, No. Rt 8 Off 131st Mo. St. South St. Louis Ward South St. Louis
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 23, 1861</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>9</u>	DAYS <u>20</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mehlville Mo</u>		
FATHER	13. NAME <u>John Bauer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Gottheben Engel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Rep. Stuenkel</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Assumption Cn</u> DATE <u>10/16/33</u>	
	19. UNDERTAKER (ADDRESS) <u>C. Hoffmeister 1012 E 60</u>	
	20. FILED <u>Oct 13 1933</u> <u>L. C. O'Brien</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1933 to Oct 13, 1933
I last saw her alive on Oct 12, 1933. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:
Date of onset Oct 12
acute myocarditis
Calcium deficiency
Passages
Name of operation Reduction of fracture Date of operation Sept 8/33
What test confirmed diagnosis? Virby Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Walter K. Miller, M. D.
(Signed) Walter K. Miller (Address) South St. Louis

